

LO9000098238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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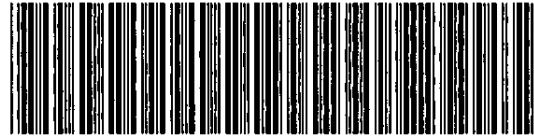
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAR 3 2017

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **ROYAL SWAZI ASHTON, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AARON M. THOMAS, ESQ.

Name of Person

NAJMY THOMPSON, P.L.

Firm/Company

6320 VENTURE DRIVE, SUITE 104

Address

LAKEWOOD RANCH, FL 34202

City/State and Zip Code

JULIAN.PARRY@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON M. THOMAS

Name of Person

at 941 ()

Area Code

748-2216

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ROYAL SWAZI ASHTON, LLC

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PARRY, JULIAN	3951 ROBERTS POINT ROAD	<input type="checkbox"/> Add
		SARASOTA, FL 34242	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PARRY, VALERIE	5400 OCEAN BLVD, APT. 2-1	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 28 2017

Signature of a member or authorized representative of a member

AARON M. THOMAS, ESQ.

Typed or printed name of signee